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PATENT APPLICATION
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FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER

Serial No. 08/259,413	Filing Date June 14, 1994	Examiner H. Lilling	Attorney's Docket No. A-210C Group A-210C 1651
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In Re Application of
Harris et al.

For
PEGylation Reagents and Compounds Formed Therewith

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date (\$110.00)
- ☐ Two months of original due date (\$390.00)
- ☒ Three months of original due date (\$890.00)
- ☐ Four months of original due date (\$1,390.00)
- ☐ Five months of original due date (\$1,890.00)

☒ A response in connection with the matter for which this extension is requested:

- ☒ is filed herewith.
- ☐ has been filed.
- ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☐ The accompanying papers include amended claims for which no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	= 0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	***	= 0	x \$80	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependant claim					+ \$270	= 0.00
Total Additional Fee for this Amendment						\$0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☒ The following other documents are enclosed:

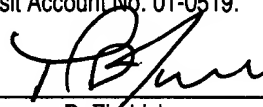
☒ Other: Notice of Appeal Form

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of **\$890.00**.
A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:
US Patent Operations/TDZ
Dept. 4300, M/S 27-4-A
AMGEN INC.
One Amgen Center Drive
Thousand Oaks, California 91320-1799


Thomas D. Zindrick
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Phone: (805) 447-8101
Date: May 14, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Box AF, Washington, D.C. 20231, on the date appearing below.

May 14, 2001

Date


RONDA G. SPAHR

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